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CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**DATE:** April 20, 2004

TO: Examiner: James O. Hansen	:	RE: U.S. Patent Application
Art Unit: 3637	:	Serial No.: 09/682,422
Fax: 703-872-9306	:	Applicant: DiEnno et al.
From: Thomas M. Fisher	:	Atty. Dkt. No.: 9D-DW-19893

DOCUMENTS SUBMITTED WITH TRANSMISSION:*Amendment Transmittal (3 pgs.);**Amendment in Response to the Office Action dated March 25, 2004 (7 pgs), and
 Certificate of Facsimile Transmission (1 pg.)*

*Total pages including cover page: 11
 If all pages are not received, please contact: Laura Davis at Ext. 7447*

*RE: The above referenced U.S. Patent Application
 Title: RIBBED ESCUTCHEON FOR APPLIANCE DOOR ASSEMBLY
 Filed: August 31, 2001
 AT File No. 13307-150*

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office,
 Facsimile Number 703-872-9306 on the date shown above.



 Thomas M. Fisher, Reg. No.: 47,564

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APR 20 2004

OFFICIAL**PATENT**

Attorney Docket No.: 9D-DW-19893

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	DiEnno et al.	:	
Serial No.:	09/682,422	:	Group No.: 3637
Filed:	August 31, 2001	:	Examiner: Hansen, James O.
For:	RIBBED ESCUTCHEON FOR APPLIANCE DOOR ASSEMBLY		

Mail Stop: NON-FEE AMENDMENT
Commissioner for Patents
P.O. Box 1450
Arlington, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:

- Amendment Transmittal (3 pgs.)
- Amendment in Response to the Office Action dated March 25, 2004 (7 pgs.)

STATUS

2. Applicant

claims small entity status.
 is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

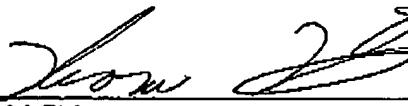
MAILING

Deposited with the United States Postal Service
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 D.C. 20231 *Express Mail No.:* _____

Date: April 20, 2004

FACSIMILE

Transmitted by facsimile to the Patent and
 Trademark Office


 Thomas M. Fisher
 Reg No. 47,564

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) **Applicant petitions for an extension of time under 37 C.F.R. 1.136**
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 110.00	\$ 55.00
second month	\$ 400.00	\$ 200.00
third month	\$ 920.00	\$ 460.00
fourth month	\$1,440.00	\$ 720.00
fifth month	\$1,960.00	\$ 980.00

Fee: _____ \$

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$.

OR

- (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	ADDITIONAL RATE FEE	OR
TOTAL INDEP.	13	MINUS	20	= 00	x \$0 = \$		x \$18 = \$
	2	MINUS	4	= 00	x \$42 = \$		x \$84 = \$
	<u>FIRST PRESENTATION OF MULTIPLE DEP. CLAIM</u>				+ \$130 = \$		+ \$280 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

(a) No additional fee for Claims is required

OR

(b) Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$ _____

Charge Deposit Account No. 01-2384 the sum of \$ _____
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. Other: _____



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